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04/29/2004

Samuels, Gauthier & Stevens LLP
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Deborah M. Costello	(Depositor's name)
<i>Deborah M. Costello</i>	(Signature)
6/17/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/600,918	06/20/2003	Steven Treppo	MIT8660DIV2	6908

TITLE OF INVENTION: ARTHROSCOPIC IMPEDANCE PROBE TO DETECT CARTILAGE DEGENERATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	07/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
VAN, QUANG T	3742	600-547000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Gauthier & Connors LLP

2 _____

3 _____

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Massachusetts Institute of Technology

Cambridge, MA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0079 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Matthew S. Connors

6/17/04

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01 FC:1501

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